: ` ` N	I WATER THE WATER TO	O TO DO THE TOTAL	, 4	ina (
1. PLACE OF BIRTH	ARIZONA STATE BO BURBAU OF VIT STANDARD CERTIE	AL STATISTICS	State File No. Me Registered No	8.3
71117	11.71	State Ozy	gue	
District or Township		rred in a hospital or institution,	St. give its NAME instead of stree { If child is not yet supplemental repo	t named, make
3. Sex of Child To be answered ONL in event of plural births.	4. Twin, telplet or other. 5. No., in order of birth	G. Legitimate?	7. Date S 18 of birth Month Day	31 Year
8. FATHER Full name WAL M	viena	14. Pell matden name	elee essele	in
.9. Residency (Usual place of abode) If non-resident, give place and state!	iami	15. Residence (Usual place of abode) If non-resident, give p	Meaule	
10. Color or race SYM 11. Age at 12	st birthday J. (Years)	16. Color or raco	17. Age at last birthday,	(Years)
12. Birthpiace (city or place)	yero	18. Birthplace (city or pla (State or country)	a) Trijo	*a
1/0	ry Car	19. Occupation Nature of Industry	XIO.	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(b) Born alive bu	id now living.	21. Were precautions taken thaimia neonatorum?	against oph-
I hereby certify that I attended the birth	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		t m. on the dat	e above stated.
4 When there was no attending physicis or midwife, then the father, household etc., should make this return. A still be third is one that neither breathes no shows other evidence of life, siter, life.	ert }		(Physician or mid	wile).
Given name added from a supplemental report	379 Address	Mu	my.	Andreas of ground after the other debut